



City of Cabot

Application for Employment

101 N. Second St.
P.O. Box 1113
Cabot, AR 72023
(501) 843-3566
Fax: (501) 843-5558

City of Cabot is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

INSTRUCTIONS: Fill out this application **COMPLETELY** and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing n/a in the answer blank. Type or print legibly all responses in ink.

PERSONAL

Date: _____ Telephone: _____ Alt. Number: _____

1. Name: _____ / _____ / _____
First Middle Last Social Security Number

Other names used while employed, if any _____

2. Present Mailing Address: _____
Street and Number City State Zip Code

Previous Address: _____
Street and Number City State Zip Code

EMPLOYMENT DESIRED

3. Position(s) Sought: 1. _____
2. _____
3. _____

☐ Regular Full Time ☐ Part Time Salary Expected: _____ Date Available: _____

4. Do you object to wearing a uniform? ☐ Yes ☐ No

5. Do you object to working nights/overtime? ☐ Yes ☐ No

6. Do you object to working shifts? ☐ Yes ☐ No

7. Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled or expunged or sealed by a court? ☐ Yes ☐ No

8. Are there any felony charges presently pending against you? ☐ Yes ☐ No
(Conviction or pending felony charges will not necessarily disqualify an applicant.)

If you answered yes to question 7 and/or 8, please explain: _____

9. Are you 18 years or older? ☐ Yes ☐ No

10. Are you legally eligible to work in the United States? ☐ Yes ☐ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

11. Have you ever been discharged or forced to resign because of misconduct or unsatisfactory service?
☐ Yes ☐ No

If yes, give details: _____

WORK HISTORY

12. List **all** jobs you have held, putting your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary/part-time jobs.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____
Employer _____
No. employees supervised by you: _____ Telephone Number _____
Address _____ City _____ State _____
Duties _____

Reason for leaving: _____

B. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____
Employer _____
No. employees supervised by you: _____ Telephone Number _____
Address _____ City _____ State _____
Duties _____

Reason for leaving: _____

C. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____
Employer _____
No. employees supervised by you: _____ Telephone Number _____
Address _____ City _____ State _____
Duties _____

Reason for leaving: _____

D. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____
Employer _____
No. employees supervised by you: _____ Telephone Number _____
Address _____ City _____ State _____
Duties _____

Reason for leaving: _____

E. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____
Employer _____
No. employees supervised by you: _____ Telephone Number _____
Address _____ City _____ State _____
Duties _____

Reason for leaving: _____

F. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____
Employer _____
No. employees supervised by you: _____ Telephone Number _____
Address _____ City _____ State _____
Duties _____

Reason for leaving: _____

13. Explain any gaps in work history: _____

REFERENCES

14. May we contact your present employer? ☐ Yes ☐ No

15. Give the names of two responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS, CITY, STATE	TELEPHONE

16. List anyone you personally know who is employed by the City of Cabot.

First/Last Name	Position	Department	Relationship
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17. Have you previously submitted an application for employment with the City? ☐ Yes ☐ No
Approximate date: _____ Position applied for: _____

MILITARY SERVICE

18. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No

Branch of Service _____ Date of Enrollment _____ Highest Rank _____

Date of Discharge _____ Did you receive an honorable discharge? ☐ Yes ☐ No

19. List medals/decorations and any special training received: _____

EDUCATION

20. List all schools attended:

Education/Type of School	Location (City and State)	Circle Last Yr Attended	Subjects Studied or Major	List Diploma/Degree/ Certificate Received
High School		9 10 11 12		
College or University		1 2 3 4		
College or University		1 2 3 4		
Business Trade, Other		1 2 3 4		

21. Did you either graduate from high school or pass the high school equivalency test? ☐ Yes ☐ No

22. List any specialized training, skills, equipment, and/or software that relates to the position for which you are applying. _____

DRIVING INFORMATION

23. Do you possess a valid driver's license? ☐ Yes ☐ No

License No.	State	Date Issued	Date Expires	Type (Pers., Comm., etc.)

24. Was your license, personal or commercial, ever suspended, denied or revoked? ☐ Yes ☐ No

If yes, state which and give reasons: _____

CAREER OBJECTIVES

26. List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated. _____

27. Explain briefly your reasons for applying for this position: _____

28. State any additional information you feel may be helpful to us in considering your application. _____

I hereby certify that all information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

Signature: _____

Print Name: _____

Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the City of Cabot (hereinafter referred to as "City") that such employment with the City is at will, for no specified duration and may be terminated by either the City or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the City or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that if offered a position with the City, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such tests results to appropriate City personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

I understand that if I am disabled and need accommodation, I must notify the City in writing of the need for accommodation within a reasonable time after the date I knew or reasonably should have known the need for accommodation.

I, _____, for and in consideration of the City of Cabot's consideration of my employment, do hereby specifically authorize the City of Cabot to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position for which I am applying.

I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors, acquaintances (past or present), employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency, to completely and thoroughly answer any and all questions concerning me posed by an official or employee of the City and to provide the City, or any official or employees, any requested document, information, record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individuals listed above and the City, or any official or employee, that may otherwise accrue to me as a result of the City's conduct of the investigation or an individual's cooperation with the investigation.

Applications, once filed, may be subject to disclosure as a public record under the Freedom of Information Act.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____ Print Name: _____ Date: _____

DO NOT PROVIDE ANY IDENTIFYING INFORMATION BELOW THIS LINE.(Name, Date of Birth, Social Security #, etc.)

EEO and Recruiting Source Information

Position Applying for: _____ Date: _____

This portion of the application may be completed by the applicant to be considered for any position of employment with the City of Cabot. The information in this section may be voluntarily provided to assist the City of Cabot in tracking applicant information and assisting with recruiting efforts. Any information provided will not be used in the selection process.

Thank you for assisting us with tracking this information.

Gender: ☐ Male ☐ Female **Race:** ☐ Black (non-Hispanic) ☐ White (non-Hispanic)
☐ American Indian/Alaskan Native ☐ Hispanic
☐ Asian/Pacific Islander

How did you learn about this job opening?

☐ Newspaper advertisement ☐ Friend or relative currently employed by the City of Cabot
☐ Professional/Trade Publication ☐ City of Cabot web site
☐ Phone Inquiry ☐ Other: _____